

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	(D)					
9	(D)					
10	(D)					
11	(D)	(D)				
12						
13	L					
14	L					
15	L					
16	L					
17	L					
18	L					
19	L					
20	L					
21	L					
22	L					
23	L					
24	L					
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26	L					
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30	L					
31	L					
32	L					
33	L					
34	L					
35	L					
36	L					
37	L					
38	L					
39	L					
40	L					
41	L					
42	L					
43	L					
44	L					
45	L					
46	L					
47	L					
48	L					
49	L					
50	L					
TOTAL IND.	11					
TOTAL DEP.	57					
TOTAL CLAIMS	68					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
58	/					
59	/					
60	/					
61	/					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS